

Athletic Edge Youth Sports League Volunteer Coach Application

First Name: _____ Last Name: _____
Address: _____
City: _____ State _____
Email _____
Phone _____
Social Security Number _____

What sport are you interested in coaching? _____

Are you interested in volunteering as a head coach or as an assistant coach? _____

Do you have previous coaching experience? Yes OR No If yes, please explain: _____

Do you give Athletic Edge permission for a background check prior to coaching? _____

Emergency Contact Name & Phone #: _____

VOLUNTEER WAIVER FORM

Athletic Edge Sports & Fitness welcomes you as a volunteer. This is an exciting opportunity for the youth in our community and we thank you for your participation.

Volunteers must recognize that this league involves physical activity. Therefore, there is an inherent risk of injury when you decide to volunteer.

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury and/or property damage to volunteers within the Athletic Edge Sports & Fitness Soccer League and I agree to assume the full risk of any such injuries, damages or loss. I agree to waive and fully release Athletic Edge Sports & Fitness and its employees and volunteers from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my volunteer participation.

I hereby release and agree to hold Athletic Edge Sports & Fitness harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may otherwise arise in any connection with Athletic Edge Sports & Fitness This release discharges Athletic Edge Sports & Fitness from any liability claims that I may have against the company in regard to bodily injury or property damage.

I have carefully read the Volunteer Waiver above and understand that my signature is required below in order for myself to volunteer at Athletic Edge. I also understand that I may be asked to provide information necessary to conduct a criminal background check before I participate as a volunteer for Athletic Edge.

Signature of Volunteer _____

Date: _____